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FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden
hours per respo	nse16.00

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	DATE R	ECEIVED	
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Name of Offering (check if this is an amendr	ment and name has changed, and indicate change.)	
Not Applicable		
Filing Under (Check box(es) that apply): R R R R R R Amendme	rule 504 Rule 505 Rule 506 Section 4(6)	ULOE 1164237
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issu	ıer	
Name of Issuer (check if this is an amendmen	at and name has changed, and indicate change.)	
IFG Network Securities, Inc.		
Address of Executive Offices 1900 Monarch Tower, 3424 Peachtree Ro	(Number and Street, City, State, Zip Code) ad, NE, Atlanta, GA 30326	Telephone Number (including Area Code) 404-841-6831
Address of Principal Business Operations (if different from Executive Offices) Same as above	(Number and Street, City. State, Zip Code)	Telephone Number (Including Area Code) Same as above
Brief Description of Business A full-service brokerage firm.		
	ted partnership, already formed other (p	lease specify): PROCESSET
	Month Year nization: Oli BT7 X Actual Estiver two-letter U.S. Postal Service abbreviation for State: N for Canada; FN for other foreign jurisdiction)	mated
GENERAL INSTRUCTIONS		THOMSON

FINANCIAL

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street. N.W. Washington, D.C 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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SEC 1972 (6-02)

				A. BASIC I	IDEN	TIFICATION DAT	 ΓΑ			
2. Enter the information re	ouest	ed for the fol	lowin							
• Each promoter of the	•			•	hin tl	ne nast five years.				
•				-		-	f 10%	or more of	a clace	of equity securities of the issuer.
Each executive office		• .		•		-	•			• •
					грога	te general and man	aging l	partifers or j	paruiei	ship issuers, and
• Each general and ma	nagin	g parmer of	paru	ership issuers.						
Check Box(es) that Apply:		Promoter		Beneficial Owner	X	Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, if	indiv	idual)						 		
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Business or Residence Addre	ss (N	umber and S	treet,	City, State, Zip Code	e)					en under treit del innue al perpupuen en en suddiffere a pare a cière ac
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Full Name (Last name first, if	indiv	idual)								
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1900 Monarch Tower,	3424		Road							
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Full Name (Last name first, if	indív	idual)						· · · · · · · · · · · · · · · · · · ·		
Ledbetter, H. David										
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Full Name (Last name first, if	indiv	idual)								
Blackburn, Mary A.										
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1900 Monarch Tower,	3424	Peachtree	Road	d, NE, Atlanta, G	A 3	0326				
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Full Name (Last name first, if	indiv	idual)								
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Stewart, E. Paul										
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1900 Monarch Tower,	3424			d, NE, Atlanta, G eet, or copy and use a			leet, as	necessary)		

				A. BASIC	IDEN	TIFICATION DAT	Γ A .	•			
2. Enter the information re • Each promoter of the • Each beneficial owner • Each executive office • Each general and ma	issue havir	er, if the issung the power director of c	er has to vot corpor	s been organized wit e or dispose, or direct rate issuers and of co	t the	vote or disposition of				of equity securities of the issuship issuers; and	ier.
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Full Name (Last name first, if	indiv	idual)									
Litow, Fredrick C.								ud diffe			
Business or Residence Addre	ss (N	umber and S	treet,	City, State, Zip Code	e)	2 No. 2 Co. 1 Sec. 25 at a 1 of 2 to 2 of 2 Sec. 25 of 2		and at all and a service			_
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Full Name (Last name first, if	indiv	idual)									
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Check Box(es) that Apply:		Promoter		Beneficial Owner	X	Executive Officer		Director		General and/or Managing Partner	
Full Name (Last name first, if	iņdivi	idual)									
Dunstan, Richard V.	F.33					7, 5,5,000,000			natette canana	an transition of the second of	
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Full Name (Last name first, if	indiv	idual)									_
Figlioa, Jackie Business or Residence Addre	£.02/		treet.	City, State, Zip Code	e)						
1900 Monarch Tower,	areaernaer				esteration.	0326					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years, · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Handy, Jr., Jack Business or Residence Address (Number and Street, City, State, Zip Code) 1900 Monarch Tower, 3424 Peachtree Road, NE, Atlanta, GA 30326 Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Hamel, Cindy Business or Residence Address (Number and Street, City, State, Zip Code) 1900 Monarch Tower, 3424 Peachtree Road, NE, Atlanta, GA 30326 Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Marr, N. Mark Business or Residence Address (Number and Street, City, State, Zip Code) 1900 Monarch Tower, 3424 Peachtree Road, NE, Atlanta, GA 30326 Beneficial Owner Executive Officer Check Box(es) that Apply: Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				В.	. INFORMA	TION ABO	OUT OFFEI	RING				
I . Has the	issuer so	ld, or does	the issuer	intend to s	sell, to non	-accredite	d investors	in this off	ering?	,	Yes	No X
			Α	nswer also	in Appen	dix, Colum	ın 2. if filin	g under U	LOE.		. scann	
2. What is	the minin	num inves	tment that	will be acc	cepted fron	n any indi	vidual?		••••••	•••••••	\$ <u>175</u> Yes	2 of 1% No
			int owners								🔳	X
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A CONTRACTOR OF THE OWNER, THE OWNER, THE	r Residenc	e Address	(Number a	nd Street, (City, State.	Zip Code)						
Name of A	ssociated	Broker or	Dealer							AAARII OQUUNA ZOONIIIN		
N/A												
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	C. OFFERING I RICE, NORDER OF INVESTORS, EXPENSES AND USE O	OF TROCEEDS	
5	Enter the aggregate offering price of securities included in this offering and the total amount alreads sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	C	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ -0	\$
	Equity	S	S - 0 -
	Common Preferred		
	Convertible Securities (including warrants)	S -0 =	S
	Partnership Interests.	PROBLEM BOOK AND THE BOOK AND THE	S = 0 = 1
	Other (Specify Deferred Compensation Obligations		S
	Total		
	Answer also in Appendix, Column 3. if filing under ULOE.	<u></u>	a Van an relating passements
}. E	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is *'none" or "zero."	e and will be do	be sold is not yet available etermined based upon a specifie ssions and/or other compensat cipant elects to defer during 200
		Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors.	- 0 -	S
	Non-accredited Investors	-0-	S - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
	Total (for filings under Rule 504 only)	-04	S = 0.=
	Answer also in Appendix, Column 4, if filing under ULOE.		
3. I	f this filing is for an offering under Rule 504 or 505. enter the information requested for all securities sold by the issuer, to date. in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.	s 	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	Security	-0-
	Regulation A	-0'-	S -0
	Rule 504	-0:	S = 0 = ====
	Total	-0-	\$ - 0 =
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		was no season a service of the following the season of the
	Transfer Agent's Fees		7 S - 0-
	Printing and Engraving Costs	-	Control of the March Control o
	Legal Fees.	-	
	Accounting Fees.	-	Halfalt de Caracia Salamandan
	Engineering Fees		
	Sales Commissions (specify finders' fees separately)	_	
	Other Expenses (identify) Mailing and Travel	<u>-</u>	
	Total	······	
	10141		N DESERVICE CONTROL OF THE PROPERTY OF THE PRO

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	OF PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part CQuestion 1 and total expenses furnished in response to Part CQuestion 4.a. This difference is the "adjusted gross proceeds to the issuer."	s	s
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part CQuestion 4.b above.	is not yet availal	ole and will be deten
		Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees	s <u>- 0 -</u>	s <u>-0-</u>
	Purchase of real estate	s - 0 -	s - 0 -
	Purchase, rental or leasing and installation of machinery and equipment		s - 0 -
	Construction or leasing of plant buildings and facilities	s	s - 0 -
		S 20-	
	Repayment of indebtedness	s <u>0</u> -	so
	Working capital	s -0-	s -0-
	Working capital Other (specify):	s - 0 -	<u> </u>
		s0-	_ so-
	Column Totals	□s <u>-0</u> -	∏s0-
	Total Payments Listed (column totals added)		-0
	D. FEDERAL SIGNATURE		
ign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rul	sion, upon written	e 505, the following request of its staff,
		Date	
	Network Securities, Inc.	2/17	3103
Ş	e of Signer (Print or Type) Title of Signer (Print or Type) Jack Conley President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)